Katie Lavery, Certified Nurse-Midwife re Senate Bill 68 517-474-6100
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Good afternoon Chairman Shirkey and members of the Health Policy Committee. My name is Katie Lavery. I am a Certified Nurse Midwife and have been in practice in Michigan since 1991. I have been in a variety of practice styles, delivered babies at 3 different hospitals and attended thousands of pregnancies and births. I do not attend home births. I have experienced different styles of consulting and delegation with my obstetricians, with the primary focus being safety and meeting our patients' needs. I also teach for the University of Michigan. At my hospital-based practice, we have our own patients but we also manage the OB triage unit so we see most of the physicians' patient too. We consult freely with the obstetricians; they in turn request our help with patients who are stable but progressing slowly or pushing ineffectively, plus patient education and breastfeeding support. We have true inter-professional respect, which would continue should SB 68 become law.

I support this bill, which would provide for a defined scope of practice for Advanced Practice Nurses in Michigan's Public Health Code. In practice, the vast majority of health care providers have their patient's best interests and safety as their foremost concern and will continue to collaborate with their colleagues (in my case obstetricians) in order to provide competent, safe and prudent care for our patients.

My primary reason for speaking with you today is to share my experience in nursing regulation in Michigan. I was the Midwife representative to the Michigan Board of Nursing for 8 years. I was the Chair of this board for 3 years. I have a tremendous amount of experience with nursing evaluation, regulation and disciplinary processes here and across the nation, as I also was the Midwife on the National Council of State Board of Nursing's Advanced Practice Committee.

As you all know, I can not, and do not, speak for the current Board of Nursing, nor the administration; I can simply recount my experiences and perceptions from my service to the board and the state.

Our state Board of Nursing is well known to be highly involved, strict in our assessments and dedicated to the safety of the public as our primary responsibility. I can tell you from my own copious allegation reviews, that there is a strong desire to make sure our nurses are performing safely and up to our high standards. We did not ever lightly dismiss allegations, with the majority being authorized for investigation, and the majority of those following into discipline for the nurse. This is not to say that we have bad nurses – quite the contrary: we have high standards and our nurses in this state are expected to be excellent. This is even more pronounced with our Advanced Practice Registered Nurses.

One of the difficult areas of regulation when I was on the board, was the gray area surrounding APRNs. We did not, and do not currently, have descriptions of practice or requirements for practice as an advanced practice registered nurse under current law. When evaluating a case, I had to use a lot of personal and professional judgment about what was appropriate care, and what might be situational or practice based acceptable care, and what could not be considered minimally acceptable care (thus requiring discipline). While all of the APRN groups have written standards of care, the board was not specifically using those as guidelines; rather, it was a combination of 'what is normal in that situation' plus 'this is what my physician, or guidelines, or judgment told me to do'. There is a tremendous misconception in Michigan that if the physician authorizes it, it is ok to do. Unfortunately for some

nurses, this was not the case, and there was disciplinary action related to practicing outside their scope of practice. Sometimes, it was because there was miscommunication between the physician and the APRN about what was the appropriate role; and other times it was a simple case of practicing outside the scope of their skills, judgment or education.

I know this is confusing. And that is why I support this legislation. We need to have clear definitions of what the scope of practice is for APRNs in Michigan's Public Health Code. SB 68 will define for APRNs what can actually be done and what should not be done based on education, training and national certification.

Today, I am required to hold an RN license and a specialty certification in order to practice as a certified nurse midwife in Michigan. My RN nursing scope, defined in Michigan statute, allows me to practice general nursing throughout the entire lifespan, including assessing blood pressure, reporting pertinent data and assessment to a physician and the treatment of patients based upon a physician's orders. Currently, there is no definition of scope of practice for an APRN in Michigan's Public Health Code, which makes the boundaries of APRN practice confusing. For instance, if a Pediatric Nurse Practitioner (a PNP) practices in a family practice office, and their employing physician delegates advanced care of a 50 year old to them, many consider this to be within their scope of practice since it is delegated by a physician. If this provider was a pediatrician seeing a 50 year old, it is acceptable in Michigan as the regulations are different for physicians. APRNs are educated differently. A PNP is educated and trained to care for a specific population of patients only: pediatrics. Under SB 68, a PNP would be licensed to practice advanced care ONLY within her role (nurse-practitioner) and her population (pediatrics), regardless of extra delegation from a physician (or any other provider). The same for a Nurse-midwife caring for a 50 year old male and treating his hypertension; it is outside my education and experience and should not be done, even if a physician delegates that care to me. SB 68 clears up this confusion.

Our Board of Nursing was excellent at evaluating these nuances from a regulatory standpoint. However, it would be better if it was simply cleared up from a legislative standpoint so we all know what we can, and can not, do. The proposed legislation directs the board to the national organizations standards of care and guidelines for practice – and these all are specific to each provider type's education, training and experience.

The SB 68 also creates a task force under the current board of nursing to serve as a disciplinary committee for APRNs. The creation of the task force is an important element in the legislation; it requires a body, made up of mostly APRNs, to determine whether an APRN has been practicing outside of their scope of practice. Currently, this duty falls under the full board of nursing, comprised mostly of associate and bachelors prepared RNs. Under the APRN task force, disciplinary evaluations would be handled by a majority of those experienced in those areas and practicing in that scope.

I would like to thank you for taking the time to learn more about advanced practice registered nursing and the need to update the public health code by defining their scope of practice. If you have any questions about certified nurse midwifery practice or the regulation of advance practice registered nursing, I would be happy answer them at this time.